YOUTH ATHLETIC CARD

•	YOUTH ATHLETIC RECEIPT CARD					
Roster Addition Player's Release Age Verification: _	VILL NOT BE ACCEPTED WITHBirth Certificate Other	Health Dept	Shot	Record	Player's Last Name Team Name	
Team Name:	Name:Division of Play					
Player's Name:	Middle	Las	st		Health Department Shot Record Other	
Birth Date://	School:				Player's Release	
Address:					ZONE OTAMB	
Street	City	State	Zip		ZONE STAMP	
Telephone:						
Manager's Signature:					DATE RECEIVED	
Zone Stamp	 	Will Not Be Accepted Without Age Verification				

Y	YOUTH ATHLETIC RECEIPT CARD				
PLEASE CHECK ONE: (WIL Roster Addition Player's Release	Player's Last Name				
Age Verification:	Birth Certificate ner			Team Name	
Team Name:	D	Division of Play Roster Addition Birth Certificate			
Player's Name:	Middle	Last		Health Department Shot Record Other	
Birth Date://	School:			Player's Release	
Address:					
Street	City	State	Zip	ZONE STAMP	
Telephone:				[
Manager's Signature:				DATE RECEIVED	
Zone Stamp		te Received		Will Not Be Accepted Without Age Verification	